· •								l	Application or Docke: Number				
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									10783188				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN		
T	OTAL CLAIMS	;				·		RATE	FEE	7 ·	RATE	FEE	
FOR			NUMBER FILEO		NUM	NUMBER EXTRA		BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			m	` \ minus 20≠		· U :		XS 9=		OR	X\$16±		
INI	DEPENDENT C	LAIMS	1. 11	าเกบร 3 =	.0			X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT				-145=			-290=		
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		224	
OR TOTAL OR TOTAL											TOTAL	140	
	(Column 1) (Column 2) (Column 3)							SMALI	LENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• //	Minus	- 2	()	- Ø		XS 9=		OR	X\$18=		
ME	Independent	• /	Minus	- 3		-Ø		X43=,		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
10-13-06								TOTAL DDIT. FEE			TOTAL		
(Column 1) (Column 2) (Column 3)									: L	JOA ,	NOOIT, FEE		
		CLAIMS	· ·	HIGHE	. 51				ADDI-	ı 1		ADDI-	
AMENOMENT B		REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAIDF	<u>он</u> 1		l ⊩	VC 0	FEE	L	Year	FEE	
	Incependent	. /	Minus		2	•	L	X\$ 9=	ļ	OR	X\$18=		
Ā	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		L	X43≖		OR.	X86=		
•								+145=		OR	+290=		
								TOTAL		OR.	TOTAL ODIT. FEE		
	(Column 1) (Column 2) (Column 3)								•	•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•• .		•	Γ	X\$ 9=		OR	X\$18=		
	Independent		Minus			•		X43=		T	X86=	—	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		 	OR			
• #	the annu of the	145=		OR	+290=	·							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFT ADDIT. FEE											TOTAL DOIT, FEE		
. T	he Highest Numb	er Previously Paid	For" (Total or	independent	is the	is, wher '3."	ioninq	in the ap	propriate box	iń colui	mn 1.		